Government of the District of Columbia
Vincent C. Gray, Mayor
The Health Reform Implementation Committee

HEALTH INSURANCE EXCHANGES UNDER THE AFFORDABLE CARE ACT (ACA)

The Mayor's Health Reform Implementation Committee
Wednesday, June 15, 2011 – 3:30 p.m.
Martin Luther King, Jr. Memorial Library – 901 G Street, NW, Washington, D.C.

Presenters
William P. White, Commissioner – Department of Insurance Securities and Banking (DISB)
Bidemi Isiaq, Legislative Analyst/COTR – Department of Healthcare Finance (DHCF)
Brendan Rose, Health Policy Analyst – Department of Insurance Securities and Banking (DISB)

Facilitator
Katie Falls, Consultant – Alicia Smith & Associates, LLC

Attendees (with Organization Name, whenever listed)
Robert Axelrod – Kaiser Permanente
Bola-Balogum – Globbtech, Inc.
Lee Bethel - CBS
Dionne Brown – Advisory Neighborhood Commission
Roy Brown
Deborah Carroll – Department of Homeland Security
Chris Condeluci – Venerable
Elaine Crider – Crider Group
Kathy Darling
Tom Duvall – Alicia Smith & Associates, LLC
Rebecca Edlberg - DCLAC
Scott Garfing – URAC
Artencia Hawkins-Bell – Houston Associates, Inc. Health & Community Services
Sharon Jackson – Mercer
Katie Kairys – D.C. Action for Children
Angela Katsakis, DHCF
Carolyn King
Tonya Vidal Kinlow – CareFirst
Chris Lee - MSCD
Howard Liebers – DCPCA
Erin Loubier – Whitman Walker Clinic
Atiba Madyun – The Madyun Group
Claire McAndrew – Families U.S.A.
Mary McCall
James McSpadden – AARP D.C.
Mark Nabity
Justin Palmer – Committee on Health
Andrew Patterson – Legal Aid Society of D.C.
Michelle Phipps-Evans – DISB
Geraldine Pierre – CareFirst
Nora Schneider – Legal Aid Society of D.C.
Oliver Sloman – Legal Aid Society of D.C.
T. Stanton
Judy Strother – United Healthcare
Ron Swanda
Susan Walker, D.C. Coalition for Long Term Care
Damon Watkins – Raytheon
Dorinda White – DHCF
Karen Williamson – Crider Group
Kevin Wrege, Pulse Issues & Advocacy, LLC
Tanya Bryant – DISB
Lucy Drafton-Lowery – DISB

I. Welcome and Introductions

The June 15th public stakeholder meeting was officially called to order by Mr. Isiaq at 3:38 p.m. He then introduced Mr. William P. White, Commissioner of the Department of Insurance Securities and Banking (DISB).

Mr. White greeted all attendees and provided brief remarks on behalf of DISB. The work of DISB under Mayor Vincent C. Gray's Health Reform Implementation Committee (HRIC) is to re-energize and reestablish the work of the committee. The overall committee is chaired by Mr. Wayne Turnage from the Department of Healthcare Finance. The HRIC has three sub-committees, one being the Committee for Insurance whose key responsibility is the Healthcare Exchange.

Throughout the summer, the HRIC will host a series of public stakeholder meetings to address the issues of purpose, structure, and governance of the Exchange. In addition, staff from DISB and DHCF will conduct several one-on-one meetings with stakeholders to further refine the recommendations of the overall committee, and to eventually present some of those recommendations to Mayor Gray.

Implementation of the Patient Protection and Affordability Care Act (PPACA) and the establishment of a District Health Insurance Exchange will be quite an undertaking. However, based on input from public stakeholders and the work from personnel within DISB and DHCF, Mr. White is confident that PPACA will be implemented, and that the District will have an Exchange that is beneficial to all of its residents.

II. Exchange Planning Process

Mr. Brendan Rose, Health Policy Analyst with Department of Insurance Securities and Banking (DISB), presented on the stakeholder process going forward.

On January 1, 2014, the District's Exchange is scheduled to be up and running. Much work must be done between now and then to establish an Exchange that meets the needs of District residents. The mayor's Health Reform Implementation Committee comprises Chairman William Turnage, the Director of the D.C. Department of Healthcare Finance; William P. White, Commissioner of the D.C. Department of Insurance Securities and Banking; Dr. Mohammad Akhter, Director of the D.C. Department of Health; and David Berns, Director of the D.C. Department of Human Services. In addition to these agency directors and their respective subcommittees, the committee is also served by Director Laura Nuss from the D.C. Department on Disability Services; and Stephen Baron, Director from the D.C. Department of Mental Health.

District officials are making many decisions regarding the Exchange and would like input from public stakeholders as policy recommendations are formed for implementation. Public stakeholders were invited to the first three public meetings being presented by the HRIC to afford them the opportunity to gain further information and provide input concerning the process. The meeting on Health Insurance Exchanges Under the ACA is the first in a series of public meetings on specific topics. Beyond the three meetings planned for June, the HRIC is planning at least two additional meetings in the month of July – perhaps three or four. The topics to be discussed reflect the early decision points the District will need to make while planning for the Exchange. Although the topics being presented during these meetings aren't typically of great interest to the general public, the District needs the input of those residents who will be using the Exchange. For this reason, more public meetings are being planned on a ward-by-ward basis to build on outreach efforts already underway by DISB, and will allow community members to focus on areas of interest to them.

Community outreach has already begun; for example, visiting staff at senior centers and holding weekend health forums. The HRIC Stakeholder Engagement Plan has been posted at www.HealthReform.DC.gov – the web site that serves as the District's portal for all things related to healthcare in D.C. The public is invited to review the Stakeholder Engagement Plan and provide feedback regarding how to expand the District's outreach to the community, and to suggest ways that input can be more effectively gathered.

Mr. Rose then introduced Ms. Katie Falls, Consultant with Alicia Smith & Associates, LLC, who will facilitate the remainder of the public meeting. Alicia Smith & Associates, LLC has been assisting the HRIC with facilitating a more substantive and meaningful stakeholder engagement process.

III. Overview of Health Exchanges

Katie Falls, Consultant with Alicia Smith & Associates, LLC, served as facilitator of the June 15th public meeting, which is set to present the goals and structure of the Exchange and will focus on the following five key issues:

(1) Should the District establish its own Exchange?
(2) Should the District participate in a Regional Exchange?
(3) Should the District combine Exchanges for individuals and small businesses or keep them separate?
(4) What type of entity should run the Exchange?
(5) What role should the Exchange play in the insurance market?

Before Ms. Falls presented details on the goals and structure of the Exchange, she briefly presented the following basic information.

What is an Exchange?

An Exchange is a marketplace where individuals and small businesses can go to perform comparison shopping for health plans, and to purchase healthcare coverage. The Exchange will include a web site where individuals will not only be able to compare health plans, but also compare benefits, premiums, co-pays, and deductibles before applying for coverage online. Tax credits will be available for some who purchase insurance through the Exchange. Plans sold inside the Exchange must meet certain requirements intended to increase transparency and affordability.

Goals of the Exchange

The goals of the Exchange are to:

(1) Promote competition
(2) Simplify shopping for insurance
(3) Enforce consumer protections
(4) Standardize consumer information
(5) Centralize enrollment
(6) Facilitate insurance market reform, shifting the market from competition based on avoiding risk to competition based on quality and price

Key Functions of the Exchange

The key functions of the Exchange are to:

(1) Maintain an online portal where consumers can obtain standardized information on insurance products
(2) Make comparison shopping for insurance easy (just as Expedia or Orbitz make comparison shopping for travel deals simpler)
(3) Provide customer service and a call center
(4) Centralize enrollment, screen individuals for Medicaid, and link to the Medicaid system for enrollment
(5) Transition between commercial and government programs
(6) Establish the *Navigator* program
(7) Determine eligibility for, and to administer, tax credits
(8) Provide an electronic calculator to determine the cost of coverage after tax credit and cost sharing
(9) Enroll individuals and businesses into plans through standardized electronic forms
(10) Maintain customer confidentiality
(11) Enforce consumer protections
(12) Track compliance, penalties, and exemptions

Exchange Requirements in the Affordable Care Act (ACA)

The District must establish an Exchange by 2014 or allow the federal government to establish one on its behalf. The District must demonstrate significant progress in the establishment of the Exchange and signal readiness in 2013.

The District has three options for establishing an Exchange:

(1) The District can directly operate the Exchange.
(2) The District can enter into agreements with other states to jointly provide an Exchange.
(3) The District can allow the federal government to run the Exchange on its behalf.

The Exchange must be operated either by a District agency, a quasi-governmental agency, or an independent nonprofit.

There will be two types of Exchanges:

(1) American Health Benefit Exchange (or Individual Health Exchange)
(2) Small Business Health Options Program Exchange (or SHOP)

D.C. can choose to establish a single Exchange serving both individuals and small businesses, or establish separate entities.

Exchanges must certify that health plans sold in the Exchange meet certain requirements. Qualified plans are required to:

(1) Limit differences in rates charged for coverage
(2) Present rate increases to the Exchange for examination
(3) Provide essential benefits – to be defined by the Department of Health & Human Services
(4) Provide and make public extensive reports for transparency, including claims payment policies and practices, to include data on denied claims; data on rating practices and enrollment; information on the amount of cost sharing required; and information on payments for out-of-network coverage.

Qualified plans can offer varying levels of coverage. Levels of bronze, silver, gold, and platinum are distinguished by the percentage of costs that will be paid for by the plan versus the average consumer. Qualified plans must agree to offer at least one silver and one gold plan. Qualified plans must also agree to charge the same premium whether the plan is sold inside or outside of the Exchange.

Goals and Structure

The following five key decision points are being considered as the HRIC works to establish a successful Exchange:

(1) Should the District establish its own Exchange?
(2) Should the District participate in a Regional Exchange?
(3) Should the District combine Exchanges for individuals and small businesses or keep them separate?
(4) What type of entity should run the Exchange?
(5) What role should the Exchange play in the insurance market?

Ms. Falls then presented options concerning each decision point, as well as the pros and cons for each option. Before she began, she invited attendees to write their questions on index cards as she moved through the presentation. The questions will be collected and answered during the Question & Answer period.

(1) Should the District establish its own Exchange?
The District can either establish a District Exchange or a federally operated Exchange.

The pros of establishing a District Exchange would be:
(a) The District will have more control and flexibility
(b) The federal government provides funding for planning and implementation
(c) Allows cultural and socioeconomic diversity to be addressed
(d) Allows the District to coordinate benefits and eligibility across District programs
(e) Preserves all options, while a federal Exchange eliminates that option

The cons of establishing a District Exchange would be:
(a) Greater uniformity in federal Exchange
(b) Intensive use of District resources to develop and administer
(c) Challenge of creating a new program during a time of budget shortfalls
(d) Could cost more than funds provided by the federal government
(e) Must be self-sustaining by 2015

The pros of establishing a District Exchange operated by the federal government would be:
(a) Federal government resources used to develop the Exchange
(b) Uniformity of design
(c) More fully realize economies of scale

The cons of establishing a District Exchange operated by the federal government would be:
(a) No opportunity to design an Exchange that meets the District's unique needs
(b) The exact design of a federal Exchange is unknown
(c) Limits opportunity for the District to change its mind; development will be lagging and 2013 readiness impaired

2. Should the District participate in a Regional Exchange?
The District can either participate in a District-only Exchange or a Regional Exchange with one or more states.

The pros of establishing a District-Only Exchange would be:
(a) Allows the District greater control in establishing the Exchange
(b) Resources still must be dedicated to creating an Exchange even with a Regional Exchange
(c) Having a District Exchange does not preclude partnering with other states for certain functions

The cons of establishing a District-Only Exchange would be:
(a) The District may not have a large enough pool of "covered lives" to have a successful Exchange
(b) Would be expending District resources instead of taking advantage of work already done by other states or sharing the load

The pros of establishing a Regional Exchange with one or more states would be:
(a) Capitalizes on economies of scale, both administratively and by potential pooling of populations
(b) Capitalizes on work already done by other states
(c) Shares administrative burden and costs

The cons of establishing a Regional Exchange with one or more states would be:
(a) Variations in insurance laws and regulations
(b) Would involve complex interstate compacts
(c) Complicates regulatory oversight
(d) May limit the District's flexibility to make changes
(e) Less able to design specific to District's needs
(f) Possible that no state is interested in joining with D.C.

3. Should the District have one Exchange for both individuals and small businesses; or two Exchanges – one for individuals and one for small businesses?

The District can either establish one Exchange serving both individuals and small businesses; or two separate Exchanges – one for individuals and one for small businesses.

The pros of establishing one Exchange for both individuals and small businesses would be:
(a) Eliminates duplicative administrative structure; more cost effective
(b) One governing body for consistent public policy decisions
(c) Allows for potential pooling together of markets
(d) One-stop shopping easier for those that move between the individual and group markets

The con of establishing one Exchange for both individuals and small businesses would be:
(a) Individuals and small businesses have distinctly different needs related to marketing, enrollment, and support Services

The pro of establishing two separate Exchanges for individuals and small businesses would be:
(a) Allows each Exchange to focus on the unique needs of either individuals or small businesses

The cons of establishing two separate Exchanges for individuals and small businesses would be:
(a) More costly due to duplicative structure
(b) Alone, neither may constitute a large enough risk pool to achieve competitive rates
(c) Possibly more confusing to consumers

4. What type of entity should operate the Exchange?
The District has three options for selecting the type of entity to operate the Exchange – a District agency, a quasi-government agency, or a non-profit.

The pros of selecting a District agency to operate the Exchange would be:
(a) Easier to coordinate and link with Medicaid
(b) Opportunity to integrate with other publicly-funded programs
(c) Consistency of public policy through executive leadership
(d) Under control of Executive branch

The cons of selecting a District agency to operate the Exchange would be:
(a) Subject to extensive bureaucratic processes
(b) Exchange is a private market program; some District agencies may have less experience with the private market
(c) District budget shortfalls could negatively impact Exchange operations
(d) May be vulnerable to partisan politics

The pros of selecting a quasi-governmental agency to operate the Exchange would be:
(a) More flexible and less bureaucratic than a District agency in hiring, procurement, and other administrative functions
(b) Can interact with private sector more easily than a state agency
(c) Can structure Board appointments to provide diversity of representation and expertise
(d) Accountable to the legislative branch of the District

The cons of selecting a quasi-governmental agency to operate the Exchange would be:
(a) Coordination with Medicaid and other agencies more difficult; requires interagency agreement

(b) Requires legislation to create quasi-governmental agency
(c) May be vulnerable to partisan politics

The pros of selecting a non-profit to operate the Exchange would be:
(a) More flexibility in design and operation
(b) Functions could be solely dedicated to the goals of the Exchange
(c) Bound by contract terms to the District
(d) Likely more independence from political environment

The cons of selecting a non-profit to operate the Exchange would be:
(a) Limited control by District officials to ensure D.C.'s priorities are met
(b) More difficult to coordinate and link with Medicaid
(c) District is potentially limited by procurement and contract process in selection and oversight of entity
(d) District is still ultimately responsible
(e) Potential for less transparency to the public

5. What role should the Exchange play in the insurance market to align with the principles of the D.C. Exchange?

The principles for the D.C. Health Exchange are to be consumer friendly; affordable; offer quality; and to be transparent to those who utilize it.

The Exchange can serve the role of: a market clearinghouse (organizer); a selective contracting agency; or an active purchaser.

The market clearinghouse (organizer) option establishes criteria for a Qualified Health Plan and accepts any and all plans that meet those requirements. The market clearinghouse option also:

(a) Serves as an impartial source of information concerning health plans
(b) Provides structure to market to help consumers compare health plans and purchase insurance
(c) Administers premium subsidies
(d) Serves as a broker of health insurance

In the selective contracting agency scenario, the Exchange plays a more active role by exerting influence in the insurance market and enhancing competition by various strategies, such as offering a select group of plans or by requiring that the plans meet certain cost or quality requirements. The selective contracting agency option also:

(a) Can increase competition and quality
(b) Provides structure to the insurance market to enable the comparison of health plans and informed purchasing

In the active purchaser scenario, the Exchange establishes plan design and purchases coverage on behalf of its members – i.e. similar to a large employer procuring health benefits for its employees. The active purchaser scenario also:

(a) Must have a large and broad risk pool to enable insurance carriers to offer competitively-priced plans
(b) May be able to get the best prices where competition is limited
(c) Can encourage insurers to invest in quality improvements and delivery system changes

IV. Question and Answer Period

Attendees submitted written questions to Ms. Falls. Rather than reading and answering questions individually, the questions were grouped by topic. Mr. Rose or Mr. Isiaq then provided relevant answers and information.

Concerning the size of the risk pool:
Mr. Rose explained that the District has a relatively small population in comparison to other states. The District is interested in pursuing strategies that create the most robust, large, and diverse risk pool. Mercer is providing DISB with background research to assist in this process. One of the tools the ACA has to increase the risk pool is the ability to reclassify small businesses. Currently a small business is classified as an organization with 50 or fewer employees. There is the flexibility to increase that definition to up to 100 employees. That would capture a much larger percentage of small businesses in the District and create a larger pool. During this process, DISB is not only dealing with the uninsured, but also with those who are individually covered, work for small businesses, and employers who operate small businesses. These groups will all have the opportunity to go into the Exchange.

Looking at a Regional Exchange as a means to increase the risk pool is also an option. However, in DISB's efforts to speak with nearby states, Virginia has been non-responsive. Maryland has been at the forefront of implementation of an Exchange, but indications have shown they have no interest in picking up the District of Columbia. However, Mr. Rose believes that fact is based on a great deal of faulty information perceived about the District.

Mr. Rose then relayed that Delaware has shown some interest in partnering with the District to form a Regional Exchange. Although there is no requirement that Regional Exchanges be connected, partnering with Delaware would present challenges because it is not geographically positioned next to the District. The biggest obstacle in a Delaware/D.C. Regional Exchange would be maintaining a provider network that can be easily accessed by both Delaware and D.C. residents.

Ideally, Mr. Rose would like to see a Capital Beltway Exchange – an arrangement that would encompass the District along with Montgomery, Prince George's, Arlington, Fairfax, and Alexandria Counties. However, as previously mentioned, Virginia is presently unwilling to respond to the District concerning creation of a Regional Exchange.

Concerning the investment of resources and the financial sustainability of the Exchange:
Mr. Rose explained that new positions will be needed for the Exchange under any circumstance. Others will need to be brought on board to operate a program that will be larger than Medicaid. It is all dependent upon how the Exchange is arranged. Policies can be crafted under the enabling legislation that are created to form a quasi-governmental agency. If the Exchange is established under an existing state agency, the Exchange will be held to the existing District standards concerning administrative, hiring, salaries, and other areas.

If the District decides to mandate any additional benefits above and beyond what the federal government lays out, the District will bear 100% of that cost. There will be administrative overhead, and the IT infrastructure for the Exchange will be a major undertaking to establish a unique portal for District residents to compare and purchase insurance options. The District is ultimately looking for a way that provides the most transparency, the most accountability, but also gives the Exchange the flexibility to enact policies and guidance without being unduly hamstrung.

Question from an Unidentified Attendee:
"If the District establishes an Exchange and it is not financially sustainable three years later, what will happen?"

Mr. Isiaq replied that the overall objective of the planning process is to avoid an insolvent Exchange in three years. That is why the HRIC is making such an effort to get input from public stakeholders.

Question from an Unidentified Attendee:
"What is the timeline by which D.C. will make decisions concerning structure and goals?"

Mr. Isiaq replied that the overall objective of the project, with help from Mercer, is to secure needed information and make recommendations on how to design and implement the Exchange. There are four major deliverables

that Mercer will provide the HRIC, and 20 overall deliverables that Mercer will provide over the course of the next six months. Mercer will deliver a comprehensive report near the end of October 2011 encompassing the various areas of the project.

Mr. Rose added that the District is unique in that it is not only the legislature that can introduce a piece of legislation to the Council; the Mayor's Office also has that power. The HRIC will be making recommendations to the mayor during an ongoing process. A consensus must be reached concerning structure, governance, and location so that a final decision can be made.

Question from Tonya Vidal Kinlow of CareFirst:
"Are there examples of existing quasi-governmental agencies or non-profits that were created to run an entity such as the Exchange as a result of District legislation that can be evaluated by the public in terms of effectiveness?"

Mr. Rose replied that the D.C. Convention & Entertainment Bureau and the D.C. Water & Sewer Authority would be the existing quasi-governmental entities in the District.

Question from an Unidentified Attendee:
"How can people become involved with the Health Reform Implementation Committee?"
Mr. Isiaq explained there are several approaches when engaging in the process. For instance, the www.HealthReform.DC.gov web site provides all documentation relative to the project, including the Stakeholder Engagement Plan. Mr. Isiaq relayed that attendees can reach out to him, Ms. White, or Mr. Rose at any time. The objective is to listen to stakeholders so that informed decisions can be made.

Three major committees have been set up. The eligibility portion will be managed by the Department of Human Services; the health outcomes portion will be managed by the Director of Health; and the insurance portion will be managed by a third commissioner.

Ms. Falls added that when the committees schedule their meetings, the meeting dates will be posted on the www.HealthReform.DC.gov web site.

Question from an Unidentified Attendee:
"Since Congress has their hand in virtually everything, will the establishment of an Exchange require congressional approval?"

Mr. Rose explained his understanding that Congress will have no other involvement other than the existing congressional review period that applies to all legislation passed by the District.

Comment from an Unidentified Attendee:
"There is essentially HHS review and enforcement of the Exchange. So the Exchange statute actually directs the Exchange to keep records, and accounting, and data that you would figure an organization would be required to have on hand so that HHS or someone else from the federal government can come in and ensure you are doing the right thing. So it is not congressional, but at least it's a federal government agency which is the Department of HHS."

Concerning the risk pool and the number of people required for sustainability:
Mr. Rose explained that in 2017, there will be the option to expand as a pool and expand access to the Exchange by including large employers (those with 100 employees or more). If a successful Exchange is added over the initial three-year period, that will increase the risk pool and the resources available to the Exchange.

Concerning why Medicaid and the Exchange need to be coordinated:

Mr. Rose explained that it is not mandated that Medicaid and the Exchange be coordinated. However, the coordination is a function of reality in the sense that some individuals in the Medicaid program will fluctuate in and out of eligibility.

Claire McAndrew of Families U.S.A.:
(1) "Does anyone have any thoughts about the grant deadlines in the midst of the planning process?" (2) "Will there be any sort of process for stakeholder engagement in terms of what you are proposing in your grant application? Will there be any sort of transparency before those grants are submitted? I understand that this time you are on a tight timeline, but I would love to know if it's going to be done with this round of grants." (3) "Are you trying to get funding for multiple areas?"

(1) Mr. Rose explained the deadline for Tier I of the Exchange plan and grants is still June 30th, with a fallback date of September 30th. Ms. Falls added that the District currently has a planning grant. They have the opportunity to apply for a Tier I or Level I, which is the Establishment Grant. After that, there is the Level II. (2) Mr. Isiaq responded that he is not certain that there were plans to have stakeholders provide input. The initial plan was to get the recommendations from Mercer and then conduct internal analysis. There have been four separate grants that were received that were planning grants. Then there is the innovator grant which was going into seven other states. And then you have the establishment known as the Level I and Level II of the establishment grant. It is not necessary that we have just one grant within the window period, so there can actually be multiple applications for the grants. So to an extent, stakeholders are not engaged in the initial application. (3) Mr. Isiaq explained that multiple areas are being considered, but the primary area of focus is the call center. Some of the IT needs are also being examined. Funded is needed for these key areas. By 2013 when certification is sought, 11 core areas will need to be in demonstration in order to receive certification. For the grant application there are nine areas which include stakeholder engagements, the background research, business operations, legal analysis, governance, and other core areas.

Question from an Unidentified Attendee:
"I am interested in the continuity of healthcare. How is continuity upheld to avoid a gap in coverage?"

Mr. Isiaq explained that there are all kinds of subsidies and tax credits between the 133% population all the way up to the 400 percentile. However, more research has to be done in that area before the question can be fully answered. Mr. Rose added that providers will be engaged to address continuity issues before they arise.

Susan Walker of the D.C. Coalition for Long-Term Care:
(1) "When the Mercer deliverables are given, will there be meetings so that information is made available to the public? Or is the information just going to be given to the different groups?"

(1) Mr. Rose replied that as soon as the deliverables and numbers are received from Mercer, they are considered District property. Therefore the information will be immediately posted onto the www.HealthReform.DC.gov web site. A great deal of information that was presented has incorporated the work of past stakeholders, as that information is still very useable. However, no conclusions have been made and much of the process went off track during the mayoral transition.

V. Comments and Suggestions

Andrew Patterson of Legal Aid Society of D.C.:
"We work with the Medicaid population a lot, and I just want to say how much I appreciate the focus and the recognition of how it's going to affect this population. I understand that it's an open question whether some people who are enrolled in Medicaid now are going to continue their Medicaid enrollment after the Exchange. The idea that people are going to go back and forth is very important, and you see that now. I mean, before the Medicaid expansion, people did that between Medicaid and the Alliance a lot. And even now, you see that a lot between people who are eligible for Medicaid or the other program with the Medicare population. So I think there are some areas where there are some lessons to be learned from the ways in which those processes work, and the ways in which those processes don't work. And I think we're in a position where we can plan. Think about this over the long term, and hopefully design a program. Because from our experience this can be a very

hard population to reach, and it can be . . . It's a population where we want to make it as, I think, seamless and easy on them as possible. So I think the sort of emphasis on that today was just encouraging."

Ron Swanda, Volunteer Advocate for seniors in D.C.:
"I want to clarify that stakeholders are more than the people who implement the program. It needs to also include consumers—the people who are going to buy the insurance. That is the most important stakeholder group that needs to be addressed. This public meeting does not tell me anything about why I should be excited about this program. The structure is important to make it work, but what's important to me is how much it's going to cost and what benefits I am going to get compared to what I'm getting now. Until that is figured out, I think the structural questions need to wait until you figure that out.

The two briefings that I saw announced on governance and small businesses, I'm not sure what the plan of that is if you haven't made any decision about how you want to go. Because until you know what the cost and benefits are going to be for these programs, what are you going to tell people? It's just going to be the same briefing and they're going to say the same thing. We need to understand the cost and the benefits. That's just a suggestion.

The last thing is – and I guess I've said this before – I hope you can include dental in some way. It got left out of PPACA, it got left out of Medicare, and I think it's a very important thing. We have 40% of the people in our country who do not have appropriate dental. And it's not a matter of cosmetics. It's a matter of eating. It's a matter of pain. And right now I think Medicaid and Medicare are backlogged. They can tell you for sure that one of the biggest needs in our communities is dental care."

Comments from an Unidentified Attendee:
"What I think is important to understand is there are a lot of questions up there, in my opinion. That means I need to have a lot more information about the marketplace that we're operating in; a lot more information about existing structures; a lot more information about what we expect to achieve in terms of building an Exchange. I think that the District has a pretty solid, effective health insurance market with a very small number of people who don't have access. So what are our goals for our Exchange? I've heard that we want to try and turn it into something that may ultimately include not just, you know, individuals and small groups, but small groups up to 100; and eventually the large groups. How do we get to that, and how do we create sustainability without understanding first what all those numbers look like; what the effectiveness of the existing market is; where the pitfalls are in the existing market?"

Dionne Brown of the Advisory Neighborhood Commission:
"I have more so a comment. I looked on your web site and saw the composition of the committee. It's chaired by the directors of the respective health-related agencies with some input from officials in other government agencies. I did notice that there is no citizen representation on that committee, and I also think it's important that industry – the business community – be represented on it as well. So I think the composition is fairly narrow by limiting it only to D.C. government officials, and I would like to see that membership broadened. It needs to go beyond participation at a meeting. It needs to be membership on the committee itself."

Deborah Carroll of the Department of Homeland Security:
"The one thing that I think we touched on earlier that you probably should know is that of the three subcommittees, there will be stakeholder and resident participation. So to the extent that there are people that are interested in participating in some of these committees, you should probably let us know because that's where we'll probably be pushing out a lot of the details that you're asking for now. It seems like we may need to have another public meeting after we've learned what we need to learn."

Mr. Isiaq explained there are three subcommittees. You have the eligibility on Medicaid expansion, insurance, and the health delivery system.

Angela Katsakis of DHCF
"I'd be interested in learning about some of the lessons learned from other states that have been early adopters, such as the state of Maryland, and perhaps Utah and Massachusetts. I know, Brendan, you said you've been a student of what's been going on in other states; maybe getting an idea of what other states found to be a pitfall and putting that up on the web site as well so that you have more to consider as consumers so that we're not chasing shadows."

Susan Walker of the D.C. Coalition for Long-Term Care:
"I went to a program run by a group, and one of the things they did say there was California had gone with individual and small business Exchanges, but now they're considering going with one Exchange.

One other concern I have about the work [inaudible], I have not felt personally in my years as a social worker that the District agencies [inaudible] transparency, so that would be one of my concerns."

VI. Closing Remarks and Adjournment

Ms. Falls requested that everyone signed their name on the sign-in sheet if they had not already done so. The presentation materials from the meeting will be placed on the www.HealthReform.DC.gov web site.

The next public meeting is scheduled for June 21st at the Cleveland Park Library, and the topic will be Governance. The following meeting will be held on June 29th at another D.C. library. Ms. Falls would welcome suggestions on how to run the various substantive meetings.

The public meeting was officially adjourned at 5:28 p.m.